



PROMPT Sustainability Data Collection

Data is key to driving quality improvement and will act as a compass, guiding and informing the sustainability phase of PROMPT.

During PROMPT sustainability, your hospital will report the following to FPQC:

1. Quarterly Abstracted Patient Data: Up to 20 patients per quarter.
 - a. Submit up to **15 patients** per quarter (the *first* 5 per month determined by discharge date) with Persistent Severe Hypertension **without SMM**.
 - b. Submit up to the **first 5 patients per quarter** (determined by discharge date) who were diagnosed during their delivery admission with pre-eclampsia, eclampsia, and/or HELLP syndrome **and experienced SMM (excluding blood transfusions-only cases)**.
2. Annual hospital-level measures: status update on policies, procedures, or guidelines to support PROMPT and clinician training.

1. Quarterly Abstracted Patient-Level Data

Submit the number of cases specified above or as many as you have in the quarter.

Step 1: Identify cases of Persistent Severe Hypertension

Please see the [PROMPT Data Collection & Instructions from the active phase](#) for instructions on identifying cases of Persistent Severe Hypertension.

Step 2: Select cases for abstraction and submit data

Each quarter use the patient-level data collection form to abstract and submit to FPQC:

- **The first five (5)** pregnant or postpartum (up to 6 weeks) patients from each month in the quarter presenting to the ED, Triage, OBED, antepartum, L&D, or postpartum unit with Persistent Severe Hypertension* and **without** Severe Maternal Morbidity (SMM).

***Persistent SHTN Definition:**

- BP: ≥ 160 systolic and/or ≥ 110 diastolic **AND**
- One or more repeat severe HTN observations documented 15-60 min after episode onset (values **do not need to be consecutive**), **OR** BP not documented to have decreased to non-severe HTN within 15 min.

AND

- The first five (5) patients ***per quarter*** who were, during their delivery admission, diagnosed with preeclampsia, eclampsia, and/or HELLP syndrome ([using ICD-10 codes for Severe Hypertension](#)) who experienced SMM, excluding transfusion-only cases ([using ICD-10 code list for SMM](#)).

Submit the number of cases specified above or as many as you have in the quarter.

Note: If your hospital has a patient who was identified in the OB unit and treated for severe hypertension **24 hours or more after the initial severe reading**—and the case qualifies for abstraction to FPQC—please email us the following information:

- Quarter and year of discharge
- Study ID
- The time in minutes that elapsed between the first SHTN reading and administration of the first antihypertensive (*not magnesium*)

Submission dates:

You may continue submitting cases monthly using the same submission link used during the active phase; however, FPQC will only follow up on data submission and provide reports on a quarterly basis. Please see below due dates for each reporting period.

- PROMPT sustainability starts on July 1st, 2026.

Patient-level Data Due Dates

Reporting Period	Due Date
Q3 (Jul – Sept) 2026	October 25, 2026
Q4 (Oct – Dec) 2026	January 25, 2027
Q1 (Jan – Mar) 2027	April 25, 2027
Q2 (Apr – Jun) 2027	July 25, 2027
July 2027 – June 2028*	July 25, 2028
July 2028 – June 2029*	July 25, 2029

* will be simplified aggregate measures – details will be released Summer 2027.

Step 3: Maintain a record of your selected cases

Please continue using a [log](#) to track all patients whose data you submit to FPQC. Continue assigning study IDs in sequence from the active phase. Do not restart study ID numbering. In the log, make sure to include the patient’s medical record number, the assigned study ID, and the return code given to you on the submission screen when submitting the patient’s data to

FPQC. This will allow for data confirmation and corrections. This [log](#) is intended for your hospital use only. Please never send it to FPQC.

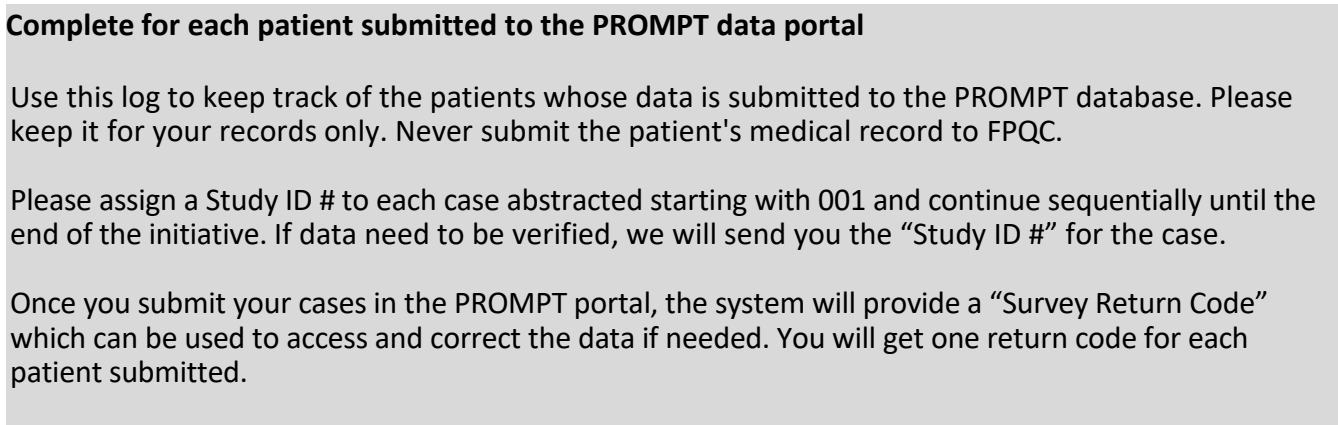
2. Annual Hospital-Level Data

Submit your hospital's updated status on hospital-level measures using the PROMPT hospital-level data collection form and link.

Hospital-level Data Due Dates

<i>Reporting Period</i>	<i>Due Date</i>
July 2026 – June 2027	July 25 th , 2027
July 2027 – June 2028	July 25 th , 2028
July 2028 – June 2029	July 25 th , 2029

Please ensure all submissions are timely to maintain accurate tracking of progress.

[illegible]

[illegible]

ICD-10 Codes for Severe Hypertension

AIM Severe Hypertension in Pregnancy ICD10 Codes List

Code	Definition
O111	Pre-existing hypertension with pre-eclampsia, first trimester
O112	Pre-existing hypertension with pre-eclampsia, second trimester
O113	Pre-existing hypertension with pre-eclampsia, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O119	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O1410	Severe pre-eclampsia, unspecified trimester
O1412	Severe pre-eclampsia, second trimester
O1413	Severe pre-eclampsia, third trimester
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1420	HELLP syndrome (HELLP), unspecified trimester
O1422	HELLP syndrome (HELLP), second trimester
O1423	HELLP syndrome (HELLP), third trimester
O1424	HELLP syndrome (HELLP), complicating childbirth
O1425	HELLP syndrome (HELLP), complicating the puerperium
O1500	Eclampsia complicating pregnancy, unspecified trimester
O1502	Eclampsia complicating pregnancy, second trimester
O1503	Eclampsia complicating pregnancy, third trimester
O151	Eclampsia complicating labor
O152	Eclampsia complicating the puerperium
O159	Eclampsia, unspecified as to time period

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